IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 122819 PIN# ~~4636-39-9779.000~~ 4630499529 DATE Jan 13, 05

OWNER OR CONTRACTOR Niblock Dev. PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave, N.W. Concord N.C. 28027

LOCATION Brawley Sch Rd TR Blume TR Hewes Gate TR Expats Walk on Right at end

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 55 LOT AREA .72AC SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 10/30/04
Pump Tank: 1000 Gallons; PT 283 Date 1/19/05
Pump Make: Little Giant Model 9EH Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pm 25% Reduction
Repair System Description: LP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No Initially

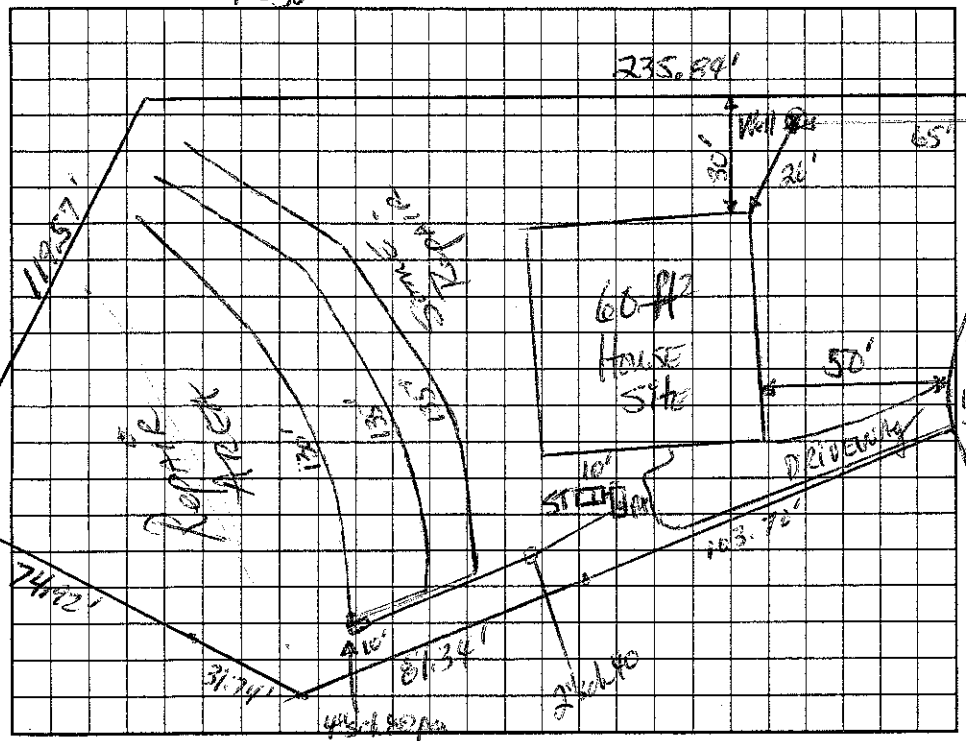
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

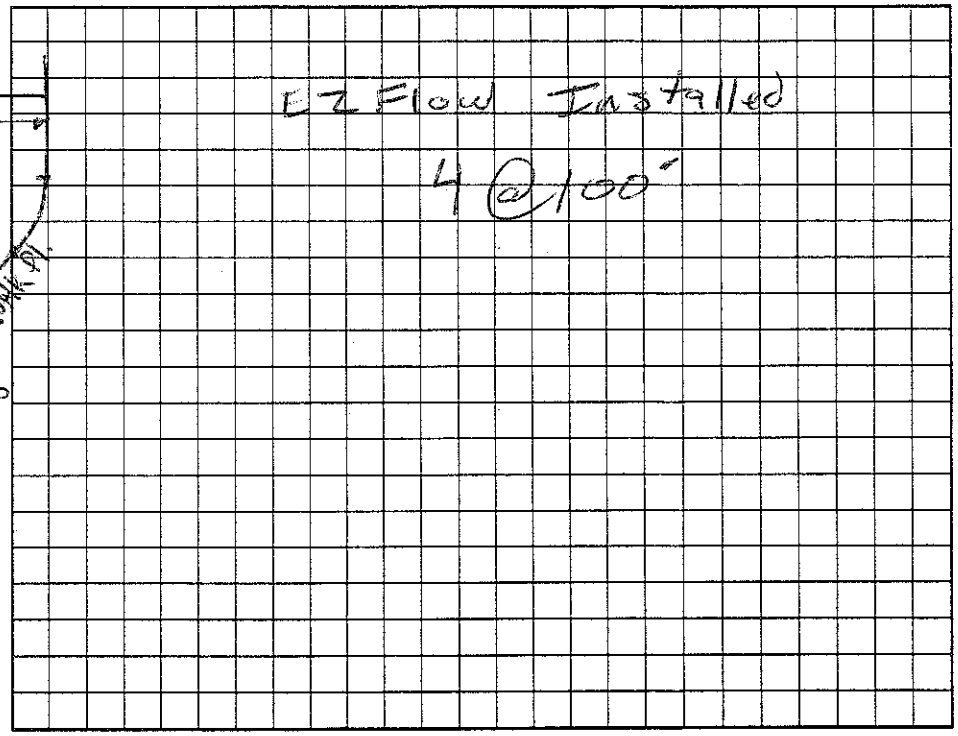
Comments:/Conditions:

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1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Pat Carpenter date 3-1-05 Installed by: Abernathy

Improvement Permit by: _____ date Jan 13, 05 Operation Permit by: _____ date 6/24/05

Authorization to Construct by: _____ date 3/1/05 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK